

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Morgan for City Council

IMPORTANT: Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name Jean Morgan Political Party NA

Office Sought Newton City Council - Wd. 1 District (if Senate or House)

JL Black

SIGNATURE OF TREASURER (or person filing this report)

FORM
DR-2
(Rev. 07/2003)

DISCLOSURE
REPORT

For Office Use Only

Comm. # 13343

Logged In sb

Scanned 10-23-03

Computer sb

Audited sb

ACTING CLERK
DISCLOSURE BOARD

OCT 22 2003

HP

FILED 10-22-03

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 day prior to election REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
Nov. 4

County & Local Committees, enter County in
which Election is held
Jasper

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

☐ YES ☒ NO

DISCLOSURE SUMMARY PAGE OCT 31 2003

FORM

DR-2

(Rev. 01/98)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Indexed _____

Audited _____

Computer _____

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City CouncilIMPORTANT: Indicate type of committee you are reporting for: 4

- 1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support/Steering Committee

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 day prior to election REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate one 1☒ CHECK IF AMENDMENT TO REPORT DATED 10-22-03
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

Nov. 4

County & Local Committees, enter County in which Election is held

Jasper

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$

0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

1,800.

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

1,800.

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

879.01

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$

920.99

UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

\$ 500.

KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

None

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

None

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

NA

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
<i>2003</i> 10-28	ID# CK#	<i>Two merc. contributions of cash, each of \$20. each.</i>		<i>\$ 40.</i>	
10-28	ID# CK#	<i>Robert Mick 892 S. 14 Ave. W. Newton, Ia. 50208</i>		<i>25.</i>	
10-21	ID# CK#	<i>Jim & Linda Nelson 1529 S. 15th Ave. W. Newton, Ia. 50208</i>		<i>25.</i>	
10-20	ID# CK#	<i>James & Maureen Lockwood 411 E. 28th St. S. Newton, Ia. 50208</i>		<i>25.</i>	
10-22	ID# CK#	<i>Norm & Pat Van Klopbergenburg 1012 S. 13th Ave. W. Newton, Ia. 50208</i>		<i>25.</i>	
10-20	ID# CK#	<i>Steve Mullan 1248 S. 20th Ave. W. Newton, Ia. 50208</i>		<i>50.</i>	
10-21	ID# CK#	<i>Robert & Gena Garber 710 W. 9th St. S. Newton, Ia. 50208</i>		<i>25.</i>	
10-21	ID# CK#	<i>John & Mary Mellinger 3344 S. 12th Ave. W. Newton, Ia. 50208</i>		<i>25.</i>	
10-21	ID# CK#	<i>Bob & Marlene Main 1621 S. 12 Ave. E. Newton, Ia. 50208</i>		<i>25.</i>	
10-17	ID# CK#	<i>James & Charlotte Maples Box 175 Newton, Ia. 50208</i>		<i>25</i>	

SUB-TOTAL

*\$ 290*TOTAL (If last page of this
schedule)*\$*

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page *1* of *2*
(for Schedule A)

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

A
(Rev. 06/97)MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-20	ID# CK#	<i>Kevin & Laura Engel 514 S. 6 Ave. W. Newton, Ia. 50208</i>		\$ 50.	
10-20	ID# CK#	<i>Marty & Rae Ann Hoffer 734 N. 2nd Ave. E. Newton, Ia. 50208</i>		50.	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 100

TOTAL (If last page of this
schedule)

\$ 390

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
<i>2003</i>				
<i>10-27</i>	ID# CK#	<i>News Printing Co. Box 967 Newton, Ia. 50208</i>	<i>Newspaper advertising</i>	<i>\$ 306.90</i>
<i>10.27</i>	ID# CK#	<i>KCOB Radio 1801 N. 13 Ave. E. Newton, Ia. 50208</i>	<i>Radio ads</i>	<i>256.-</i>
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
TOTAL (if last page of this schedule)				<i>\$ 562.90</i>
				<i>\$ 562.90</i>

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

*Campaign funds may be used only for:
 (1) campaign purposes,
 (2) constituency expenses, and
 (3) educational and other expenses associated with duties of office.
 Please insert the applicable number in the category column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i))

001-28-2003 12:37
 FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS CAMPAIGN DISCLO

11/15/2003

SCHEDULE

D

(Rev. 08/98)

INCURRED

INDEBTEDNESS

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

☐ CHECK THIS BOX
 IF AMENDING
 FORM

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YY)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD
9-22-2003	Maxim Advertising 1111 N. 3rd Ave. E. Newton, Ia. 50208	Sign printing (100)	\$ 500.

SUB-TOTAL

\$

500

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

\$

500

*If actual figure is unknown, show "estimated" beside the figure

Page 1 of 1
 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness" also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

CONTRIBUTIONS - MONEY TAKEN IN
(Including candidate's personal funds)

A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
2003					
9-30	ID# CK#	Terry Rickers 616 E. 18th St. N. Newton, Ia. 50208		\$ 50	
9-28	ID# CK#	Robert & Jo Ann Bringolf 1321 N. 4th Ave. W. Newton, Ia. 50208		50.	
9-24	ID# CK#	Roseva Rucker 500 1st St. N. Newton, Ia. 50208		10.	
9-25	ID# CK#	Bob & Nancy LeBlanc 703 W. 9th St. S. Newton, Ia. 50208		50.	
9-24	ID# CK#	Betty Dickinson 500 1st St. N. Apt. 321 Newton, Ia. 50208		25.	
9-29	ID# CK#	Ken & Sondra Doak 3756 N. 59th Ave. E. Newton, Ia. 50208		25.	
9-30	ID# CK#	James & Sara West 702 S. 13th Ave. W. Newton, Ia. 50208		30.	
9-23	ID# CK#	Dean & Helen Lanser 538 1/2 W. 9th St. N. Newton, Ia. 50208		25.	
9-23	ID# CK#	Dennis & Nancy Parrott 345 W. 28th St. S. Newton, Ia. 50208		30.	
9-23	ID# CK#	Kathleen Carpenter 601 S. 2nd Ave. W. Newton, Ia. 50208		25.	

SUB-TOTAL

\$ 320

TOTAL (If last page of this schedule)

\$

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CONTRIBUTIONS - MONEY TAKEN IN
(Including candidate's personal funds)

A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-4	ID# CK#	Carroll Bennett 2325 N. 6th Ave. E. Newton, Ia. 50208		\$ 30	
10-03	ID# CK#	Jane Morrison 416 N. 7th Ave. E. Newton, Ia. 50208		25.	
10-05	ID# CK#	Ron & Victoria Ngel 1116 E. 16th St. S. Newton, Ia. 50208		25.	
10-07	ID# CK#	Carl & Jane Repp 2409 N. 7th Ave. Pl. E. Newton, Ia. 50208		25.	
10-07	ID# CK#	Robert & Marva Doering 715 W. 15th St. S. Newton, Ia. 50208		25.	
10-08	ID# CK#	Susan Wilson 1105 W. 12th St. S. Newton, Ia. 50208		20.	
10-02	ID# CK#	Gary Haynes 504 E. 2nd St. S. Newton, Ia. 50208		20.	
10-01	ID# CK#	Susan & Jerry Woods 4119 N. 4th Ave. E. Newton, Ia. 50208		100.	
10-1	ID# CK#	Curran & Jane Cotton 1327 S. 4th Ave. W. Newton, Ia. 50208		100.	
9-30	ID# CK#	Dennis Black Box 1271 Newton, Ia. 50208		50.	

SUB-TOTAL

\$ 420

TOTAL (If last page of this schedule)

\$

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CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9-11	ID# CK#	Fred & Carol Kramer 1304 S. 4th Ave. W. Newton, Ia. 50208		\$ 25.	
9-23	ID# CK#	Dennis Julius 2264 W. 15 St. S. Newton, Ia. 50208		50.	
10-14	ID# CK#	Niki Bell 611 E. 17 St. N. Newton, Ia. 50208		20.	
10-14	ID# CK#	Dave & Bonnie Pitz 330 N. 8th Ave. E. Newton, Ia. 50208		10.	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 105.

TOTAL (If last page of this schedule)

\$

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Page 3 of 5
(for Schedule A)

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

A
(Rev. 06/97)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-13	ID# CK#	Wm. + Janis Cooper 5 Larchwood Ct. Newton, Ia. 50208		\$ 25.	
10-13	ID# CK#	Paul & Jean Groben 1601 W. 21st St. N. Newton, Ia. 50208		25.	
10-13	ID# CK#	Paul & Sarah McCuen 2855 N. 18th Ave. W. Newton, Ia. 50208		25.	
10-14	ID# CK#	Janet Turk 1308 W. 14th St. S. Newton, Ia. 50208		25.	
10-14	ID# CK#	John McNeer 405 E. 16th St. N. Newton, Ia. 50208		25.	
10-13	ID# CK#	Don & Doris Byers 720 W. 11th St. S. Newton, Ia. 50208		25.	
10-15	ID# CK#	Corine Hadley 1100 S. 6th Ave. W. Newton, Ia. 50208		50.	
10-13	ID# CK#	Joyce Moen 414 W. 16th St. N. Newton, Ia. 50208		25.	
10-13	ID# CK#	Angela West 702 S. 13th Ave. W. Newton, Ia. 50208		40.	
10-13	ID# CK#	Mark & Diane Babcock 309 W. 2nd St. S. Newton, Ia. 50208		25.	

SUB-TOTAL

\$ 290.

TOTAL (If last page of this
schedule)

\$

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Page 4 of 5
(for Schedule A)

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

A
(Rev. 06/97)

**MONETARY
RECEIPTS**

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR) 2003	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	Y IF FOR FUND- RAISER INCOME
10-14	ID# CK#	John + Mary Graves 7006 S. 28th Ave. E. Newton, Ia. 50208		\$ 25.	
10-14	ID# CK#	Ann Krumm 220 N. 6th Ave. E. Newton, Ia. 50208		25.	
10-15	ID# CK#	Harold & Karen Showalter 1413 N. 8th Ave. P.E. Newton, Ia.		25.	
10-16	ID# CK#	Dr. Gary Parsons 407 W. 9th St. S. Newton, Ia. 50208		25.	
10-16	ID# CK#	Jean Power 500 1st St. N. #330 Newton, Ia. 50208		25.	
10-16	ID# CK#	Lee Swenson 721 W. 11th St. S. Newton, Ia. 50208		25.	
10-13	ID# CK#	David Aldridge 1123 S. 12th Ave. W. Newton, Ia. 50208		25.	
10-12	ID# CK#	Ken and Jane Odland 1093 Howe St. Newton, Ia. 50208		25.	
10-13	ID# CK#	Richard & Fran Hengerson 1101 S. 13th Ave. W. Newton, Ia. 50208		50.	
10-19	ID# CK#	James Tyler Box 489 Newton, Ia. 50208		25.	

SUB-TOTAL

\$ 275

TOTAL (If last page of this
schedule)

\$ 1,410

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Page 5 of 5
(for Schedule A)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Morgan for City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
<i>2003</i>				
<i>10-10</i>	ID# CK#	<i>Carter Printing 1739 E. Grand Ave. Des Moines, 50316</i>	<i>Campaign Palm Cards</i>	<i>\$ 164.30</i>
<i>10-20</i>	ID# CK#	<i>Newton Manufacturing 1123 1st Ave. E. Newton, Ia. 50208</i>	<i>Magnet Business Cards</i>	<i>151.81</i>
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

TOTAL (if last page of this schedule)

\$ 316.11
\$ 316.11

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

*Campaign funds may be used only for:

- (1) campaign purposes,
- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the category column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)